

November 20, 2002

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-0257-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on \_\_\_ external review panel. This physician is board certified in neurosurgery. \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 46 year-old male who suffered a work related injury to his neck, back and face on \_\_\_, when he fell off the back of a truck and struck a recycling bin. Prior to this injury, he underwent laminectomy at L5-S1 in 1989 and an EMG/NCV performed on 2/28/98 revealed right S1 radiculopathy. At an initial consultation following this injury, he was diagnosed with cervical, thoracic and lumbar sprain, paraspinous musculature and fascia strain, herniated disc with nerve root impingement, and radiculopathy. Bilateral lumbar facet joint injections at L2-3, L3-4 and L5-S1 were performed on 1/28/99. Other treatment includes anterior cervical microdiscectomy of C5-6, fusion, instrumentation and left iliac osteotomy performed on 2/11/99, chiropractic treatment, and medications.

### Requested Services

EMG/NCV of the lower extremities.

### Decision

The Carrier's denial of authorization and coverage for the requested services is upheld.

### Rationale/Basis for Decision

\_\_\_ physician reviewer noted that an EMG/NGV was previously performed. \_\_\_ physician reviewer explained that there is no role for a repeat EMG/NGV study. \_\_\_ physician reviewer indicated that there is no relevant peer reviewed scientific literature to support serial EMG testing. \_\_\_ physician reviewer also indicated that a repeat EMG/NGV would provide little

information that would be useful in diagnosis and further treatment of this patient's condition. Therefore, \_\_\_\_ physician reviewer concluded that repeat EMG/NGV testing is not medically necessary for diagnosis and treatment of his condition.

This decision is deemed to be a TWCC Decision and Order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

**A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,